

Maryland Department of Health – Office of Health Care Quality

Forensic Laboratory Letter of Permit Exception Application

I. General information

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal <input type="checkbox"/> Changes (<i>Specify</i>) _____			MARYLAND FORENSIC IDENTIFICATION NUMBER _____ <i>(If an initial application, leave blank, a number will be assigned)</i>		
NAME			FEDERAL TAX IDENTIFICATION NUMBER		
EMAIL ADDRESS			TELEPHONE NO. (<i>Include area code</i>)	FAX NO. (<i>Include area code</i>)	
ADDRESS			MAILING/BILLING ADDRESS (<i>If different from street address</i>)		
NUMBER, STREET (<i>No P.O. Boxes</i>)			NUMBER, STREET		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME ON LETTER OF EXCEPTION (if different from above)			For Office Use Only Date Received _____ Application Approved Date _____		

II. Verify License Requested

- Letter of Permit Exception

III. Type of Forensic Disciplines and Sub-disciplines Which License Holder Will Review Results, Or Conclusions Of The Original Forensic Analysis *(Check all that apply, keeping in mind limited authority is granted)*

- Controlled Substances
 - Controlled Substances, pharmaceutical & illicit drugs (blood & breath are excluded)
 - Controlled Substances, other (includes related chemicals/paraphernalia, botanical material) -
PLEASE SPECIFY: _____
- Toxicology
 - Toxicology, Forensic
 - Toxicology, Post Mortem
 - Toxicology, other (would include poisons, drug analysis on specimens other than blood/breath) -
PLEASE SPECIFY: _____
- Biology
 - DNA Analysis
 - Serology
- Trace Evidence
 - Adhesives
 - Analysis of Unknowns
 - Explosives/Explosion Debris/Fuels

- Fibers/Hairs/Textiles
- Fire Debris
- Glass
- Gunshot Residue
- Metal/Alloys
- Paint
- Physical Comparisons
- Polymers
- Trace Evidence, other - PLEASE SPECIFY: _____

- Firearms, Toolmarks, Impressions
 - Firearms
 - Toolmarks
 - Impressions (includes tires/footwear)
 - Firearms operability

- Latent Prints
 - Latent Print Processing
 - Latent Print Comparison
 - Latent Print ID

- Questioned Documents
 - Handwriting
 - Paper
 - Questioned Documents, other (would include marks, stamps, inks, printing materials, copier, printers, typewritten materials, embossing, etc.) - PLEASE SPECIFY: _____

- Forensic Pathology
- Forensic Entomology
- Forensic Odontology

IV. Hours of Operation for Forensic Services Using Letter Of Exception

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

V. Letter of Permit Exception

Identify the discipline or sub-discipline in which the forensic analysis is performed. Be as specific as possible.

Indicate any accreditation or certification that pertains to the review of forensic analysis (*Including Board Certifications or Other Licensures*).

Indicate years of experience _____

Indicate an estimate of total days in a calendar year services will be performed _____

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

I certify that I am 18 years of age or older and of reputable and responsible character, and do hereby apply for a license, subject to the provisions of Health- General Article, Title 10, Subtitle 51. Annotated Code of Maryland, and to the regulations adopted there under by the Maryland Secretary of Health.

SIGNATURE OF APPLICANT (<i>Sign in ink</i>)	DATE:
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Mail application with original signature to Forensic Laboratories, Office of Health Care Quality, 7120 Samuel Morse Dr, Second Floor, Columbia, MD 21046